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<b>FINANCIAL AFFIDAVIT</b>			
IN THE UNITED STATES <input type="checkbox"/> MAGISTRATE <input type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)			
IN THE CASE OF		FOR	LOCATION NUMBER
<u>United States</u> v.s. <u>Alexopoulos</u>		<u>Northern Dist</u> <u>211</u>	
		AT	
PERSON REPRESENTED (Show your full name) <u>Florencio Chapol - Fiscal</u>		1 <input type="checkbox"/> Defendant—Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input checked="" type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other	DOCKET NUMBERS Magistrate District Court <u>08CR 215</u> Court of Appeals
CHARGE/OFFENSE (describe if applicable & check box →) <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <u>18 USC § 3144</u>		FILED	

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment: _____ How much did you earn per month? \$ _____													
	OTHER INCOME	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____													
	CASH	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES RECEIVED <u>260.00</u> <u>weeks</u> - SOURCES _____													
	PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE VALUE AND \$ DESCRIBE IT													
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">           MARITAL STATUS  <input checked="" type="checkbox"/> SINGLE  <input type="checkbox"/> MARRIED  <input type="checkbox"/> WIDOWED  <input type="checkbox"/> SEPARATED OR DIVORCED         </td> <td style="width: 10%;">           Total No. of Dependents  <u>4</u> </td> <td style="width: 60%;">           List persons you actually support and your relationship to them            _____            _____            _____            _____         </td> </tr> </table>	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents <u>4</u>	List persons you actually support and your relationship to them _____ _____ _____ _____										
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OBLIGATIONS & DEBTS		DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)													
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">CREDITORS</th> <th style="width: 20%;">Total Debt</th> <th style="width: 40%;">Monthly Paymt.</th> </tr> <tr> <td>APARTMENT OR HOME: _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table>	CREDITORS	Total Debt	Monthly Paymt.	APARTMENT OR HOME: _____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____
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_____	\$ _____	\$ _____													
_____	\$ _____	\$ _____													
_____	\$ _____	\$ _____													

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) \_\_\_\_\_

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)

FCHP